

VOLUNTEER REGISTRATION RECORD

ONGOING VOLUNTEERS

Michigan Department of Human Services

PERSONAL DATA:

Volunteer Name (Last, First, Middle Name)			Birth Date	Social Security Number	
Home Address (Street Number and Name, Rural Route, PO Box No.)			List below all minor children in your home for whom you are legally responsible. (Required for requested reimbursement of day care expenses)		
City	State	Zip			
			Child's Name	D.O.B.	Verified "X"
Home Telephone Number ()					
Previous or Other Names Used:					
Person To Notify in case of emergency:					
Phone Number ()					
Do you have use of a motor vehicle? (If required in the performance of your job duties) Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you have a valid Michigan Driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		
How many hours do you wish to work per month?			Driver's License Number		

- Yes No
- ☐ ☐ Have you been identified as a perpetrator of child abuse or neglect?
- ☐ ☐ Have you been convicted of a felony?
- ☐ ☐ Have you been convicted of a misdemeanor?
- ☐ ☐ Have you received any moving traffic violations?
- ☐ ☐ Do you have a felony charge pending?

Do you require reasonable accommodations in order to perform volunteer services?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please Explain)
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Describe the type of volunteer work desired.

ENTER DAYS AND HOURS AVAILABLE BELOW							
	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Mornings							
Afternoons							
Evenings							

INTEREST AND SKILLS:

My skills and interests include:
I like to work with:
Things I prefer not to do:
I would like to learn more about:
I want to volunteer because:

List organizations you belong to:

How did you hear about the FIA volunteer program?

EMPLOYMENT / VOLUNTEER HISTORY:

Paid Position: (Name, address and phone of current or most recent employer:

If currently employed, may I contact you at work? ☐ Yes ☐ No

Describe Volunteer experiences:

Have you ever been employed by or volunteered for the State of Michigan?
☐ No ☐ Yes - employed ☐ Yes - volunteered

If yes, give department / agency and date(s)

Do I have your permission to contact your employer or volunteer organization? ☐ Yes ☐ No

EDUCATION AND TRAINING:

High School Diploma or GED:
Highest grade completed: ☐ Yes ☐ No If yes, year received:

Describe Education or Training beyond High School:

REFERENCES: Do not include the names of family relatives

Name	Relationship	Complete Mailing Address	Phone Number	Date Verified
			()	
			()	
			()	

You have my permission to contact references, and to do a criminal record check, a Children's Protective Services record check and a Secretary of State driving record check. ☐ Yes ☐ No

I authorize the use of my name and photograph/video tapes for publicity purposes. ☐ Yes ☐ No

Volunteer Signature	Date	Interviewer Signature	Date
Signature of parent or guardian if volunteer is a minor	Date		

OFFICE USE ONLY

Criminal record check completed Date _____ Results _____	Children's protective services record check completed Date _____ Results _____	Volunteer will not be transporting clients <input type="checkbox"/> Secretary of State driving record check completed Date _____ Results _____
Copy of Driver's license on file	Copy of Proof of insurance on file	Copy of vehicle registration on file
Placement Notes: 		
AUTHORITY: P.A. 280 of 1939 RESPONSE: Voluntary PENALTY: May not be accepted as a volunteer.		The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.